

HOME AND COMMUNITY-BASED SERVICES and
TEXAS HOME LIVING
NON-DAY HABILITATION SERVICES
ATTENDANT COMPENSATION RATE ENHANCEMENT

**- HCS & TxHmL Worksheet B - 2018 Accountability
Report Instructions –**

Effective January 1, 2018

NOTE: This worksheet is provided for your own information and should be retained in
your files for future reference.

Do not return.

For questions about completing this form:

contact Elena Hudson at elena.hudson@hhsc.state.tx.us
or (512) 730-7463

A project of
The Texas Health and Human Services Commission

INSTRUCTIONS
HOME AND COMMUNITY-BASED SERVICES (HCS) and
TEXAS HOME LIVING (TxHmL)
NON-DAY HABILITATION SERVICES
Attendant Compensation Rate Enhancement
Worksheet B

PURPOSE

To allow providers to calculate HCS and TxHmL non-day habilitation spending requirements and potential differences between non-day habilitation costs and non-day habilitation revenues under the Attendant Compensation Rate Enhancement for their component code. This information can be used by providers to help them make an informed decision about participation in the enhancement program for their HCS and TxHmL non-day habilitation services.

REPORTING PERIOD

The reporting period may be of any length, although a minimum of one payroll period is recommended. For example, the reporting period might be one payroll period in June, one month (i.e., June 1 – June 30) or your most recent cost reporting period. To check for inconsistencies in your data and errors in your calculations, it is recommended that you complete worksheets for two different reporting periods at least three months apart and compare the results. Large variances indicate either an error in completing the worksheets or large fluctuations in caseload and staffing.

INCLUDE ALL HCS and TxHmL CONTRACTS IN YOUR COMPONENT CODE

A single HCS and TxHmL Non-Day Habilitation Services Attendant Compensation Rate Enhancement Worksheet should be completed for all HCS and TxHmL contracts operating under your component code. Costs and units of service for HCS and TxHmL contracts operating under the component code should be aggregated and reported on this single worksheet.

NON-DAY HABILITATION SERVICES VERSUS DAY HABILITATION SERVICES

For the HCS and TxHmL programs, for each component code, providers may choose to participate for non-day habilitation services only, day habilitation services only or both non-day habilitation and day habilitation services. The HCS and TxHmL non-day habilitation services worksheet is designed to help providers make an informed decision about participation in the enhancement program for their HCS and TxHmL non-day habilitation services; this worksheet does not address HCS and TxHmL day-habilitation services. Providers must use the HCS and TxHmL day habilitation services worksheet for help with making an informed decision about participation for HCS and TxHmL day habilitation services.

PARTICIPATION AS AN INDIVIDUAL COMPONENT CODE OR AS A GROUP OF COMPONENT CODES

Providers with more than one HCS and TxHmL component code must specify on their Enrollment Contract Amendment whether they wish to have all their participating HCS and TxHmL component codes be considered as a group or individually for purposes related to the Attendant Compensation Rate Enhancement. In order to make an informed decision about group

or individual participation, you may want to make copies of this worksheet, complete one for each individual component code, complete one for the group and compare the results. The definition of a group is available in Title 1 of the Texas Administrative Code §355.112(ee).

LEVELS OF ENHANCEMENT

For component codes participating as a group, the HCS and TxHmL non-day habilitation services enhancement level must be the same for all component codes within that group. The enhancement level does not have to be the same for HCS and TxHmL non-day habilitation services and HCS and TxHmL day habilitation services.

WORKSHEET FUNCTIONALITY

The enrollment worksheets are fully functional and if completed on-line will perform all required calculations for you. If you choose to print the worksheets and fill them out by hand, you will be responsible for the accuracy of all mathematical calculations.

DEFINITIONS

ATTENDANT – the unlicensed care giver providing direct assistance to consumers with Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs). Attendants for non-day habilitation include direct care workers, medication aides and drivers providing HCS Supervised Living and Residential Support Services (SL/RSS), direct care trainers providing HCS Supported Home Living (SHL) services, direct care trainers providing TxHmL Community Support Services (CSS), direct care workers providing HCS and TxHmL respite services (RS), direct care workers and job coaches providing HCS and TxHmL Supported Employment (SE) services, and direct care workers and job coaches providing TxHmL Employment Assistance (EA) services.

HCS SL/RSS attendants may perform some Non-Attendant functions. In such cases, the attendant must perform attendant functions at least 80 percent of his or her total time worked.

Staff not providing attendant services at least 80 percent of their total time worked are not considered attendants. Time studies must be performed in accordance with Title 1 of the Texas Administrative Code (TAC) §355.105(b)(2)(B)(i) for staff that are not full-time attendants but perform attendant functions to determine if a staff member meets this 80 percent requirement. Failure to perform the time studies for these staff will result in the staff not being considered attendants.

Attendants do not include the director, administrator, assistant director, assistant administrator, clerical and secretarial staff, professional staff, other administrative staff, licensed staff, attendant supervisors, cooks and kitchen staff, maintenance and grounds keeping staff, activity director, Qualified Mental Retardation Professionals (QMRPs), assistant QMRPs, direct care worker supervisors, direct care trainer supervisors, job coach supervisors, foster care providers, and laundry and housekeeping staff.

In the case of HCS SHL and TxHmL CSS, staff other than attendants may deliver attendant services and be considered an attendant during the time they are delivering attendant services if they must perform attendant services that cannot be delivered by another attendant to prevent a break in service. In such a situation, the staff person would be required to keep timesheets and only that time spent delivering attendant services on a fill-in basis would be reported as attendant time.

Except in the special circumstances described above the attendant may not perform any non-attendant functions.

ATTENDANT CONTRACT LABOR – nonstaff attendants. Nonstaff refers to personnel who provide non-day habilitation services intermittently, whose remuneration (i.e., fee or compensation) is not subject to employer payroll tax contributions and who perform tasks routinely performed by employees.

COMPENSATION – Attendant compensation is the allowable compensation for attendants defined in 1 TAC §355.103(b)(1) and §355.722 and required to be reported as either salaries and/or wages, including payroll taxes and workers' compensation, or employee benefits. Benefits required by §355.103(b)(1)(A)(iii) to be reported as costs applicable to specific cost report line items are not considered attendant compensation. Examples of such costs are the provider's unrecovered cost of meals provided to attendants; the provider's unrecovered cost of uniforms provided to attendants and employee relations expenses such as gift cards given to employees, and the cost of employee parties, plaques, etc.

Allowable contract labor costs are defined in 1 TAC §355.103(b)(2)(C).

Mileage reimbursement paid to the attendant for use of his or her personal vehicle which is not subject to payroll taxes is considered compensation for purposes of the Attendant Compensation Rate Enhancement.

NON-DAY HABILITATION SERVICES – Non-day habilitation services include HCS SL/RSS, HCS SHL/CFC, TxHmL CSS, HCS and TxHmL RS, HCS and TxHmL SE and EA.

WORKSHEET B

STEP 1 – Enter required data

Round all monetary amounts in Step 1 to the nearest whole dollar (with no zeros included for “cents”). For example, \$25.49 should be rounded to \$25 and \$25.50 should be rounded to \$26.

If day habilitation services are provided by related-party contractors, the terms “provider” and “employer” as used for Boxes A through J below, refer to the day habilitation contractor.

Units of service are the units of HCS and TxHmL day habilitation service provided during the reporting period.

Box A – SL/RSS Attendant Salaries and Wages (including drivers): report accrued salaries and wages for non day habilitation attendants and drivers employed by the provider and for whom FICA contributions are made. Salaries and wages include overtime, cash bonuses and cash incentives paid from which taxes are deducted. Drivers and staff members functioning in more than one capacity are not considered attendants for HCS and TxHmL non day habilitation attendant compensation rate enhancement purposes and their salaries and wages should **not** be included on this worksheet. See Definitions section for more information on who qualifies as an attendant.

Box B and B1 – SHL/CFC/TxHmL Attendant Salaries and Wages (including drivers): report accrued salaries and wages for non day habilitation attendants and drivers employed by the provider and for whom FICA contributions are made. Salaries and wages include overtime, cash bonuses and cash incentives paid from which taxes are deducted. Drivers and staff members functioning in more than one capacity are not considered attendants for HCS and TxHmL non day habilitation attendant compensation rate enhancement purposes and their salaries and wages should **not** be included on this worksheet. See Definitions section for more information on who qualifies as an attendant.

Box C - see Day Hab Instruction

Box D - Respite Attendant Salaries and Wages (including drivers): report accrued salaries and wages for non day habilitation attendants and drivers employed by the provider and for whom FICA contributions are made. Salaries and wages include overtime, cash bonuses and cash incentives paid from which taxes are deducted. Drivers and staff members functioning in more than one capacity are not considered attendants for HCS and TxHmL non day habilitation attendant compensation rate enhancement purposes and their salaries and wages should **not** be included on this worksheet. See Definitions section for more information on who qualifies as an attendant.

Box E - Supported Employment Attendant Salaries and Wages (including drivers): report accrued salaries and wages for non day habilitation attendants and drivers employed by the provider and for whom FICA contributions are made. Salaries and wages include overtime, cash

bonuses and cash incentives paid from which taxes are deducted. Drivers and staff members functioning in more than one capacity are not considered attendants for HCS and TxHmL non day habilitation attendant compensation rate enhancement purposes and their salaries and wages should **not** be included on this worksheet. See Definitions section for more information on who qualifies as an attendant.

Box F - Employment Assistance Attendant Salaries and Wages (including drivers): report accrued salaries and wages for non day habilitation attendants and drivers employed by the provider and for whom FICA contributions are made. Salaries and wages include overtime, cash bonuses and cash incentives paid from which taxes are deducted. Drivers and staff members functioning in more than one capacity are not considered attendants for HCS and TxHmL non day habilitation attendant compensation rate enhancement purposes and their salaries and wages should **not** be included on this worksheet. See Definitions section for more information on who qualifies as an attendant.

Box O – FICA and Medicare: report employer-paid FICA and Medicare taxes for non day habilitation attendants and drivers. FICA and Medicare taxes may be allocated based upon percentage of eligible salaries.

Box P – State and Federal Unemployment: report both federal (FUTA) and state (TUCA) employer-paid non day habilitation attendant and driver unemployment expenses. Unemployment expenses may be allocated based upon percentage of eligible salaries.

Box Q – Workers’ Compensation Insurance Premiums: report premiums for workers’ compensation insurance, industrial accident policies and other similar types of coverage for employee on-the-job injuries for non day habilitation attendants and drivers. Workers’ compensation premiums may be allocated based upon percentage of eligible salaries.

Box R – Workers’ Compensation Paid Claims: report medical claims paid for employee on-the-job injuries for non day habilitation attendants and drivers. Paid claims may be allocated based upon percentage of eligible salaries or direct costed.

Box S - Sum of Boxes O through R - Total Taxes and Workers Compensation.

See the Reporting Period section for information on selecting a reporting period.

Round all monetary amounts in Steps 2a-2d to the nearest whole dollar (with no zeros included for “cents”). For example, \$25.49 should be rounded to \$25 and \$25.50 should be rounded to \$26.

Units of service are the units of HCS and TxHmL non-day habilitation services provided during the reporting period.

Box AU– HCS SL/RSS Attendant Salaries and Wages (including drivers) the amount is prepopulated from Box A Tab 1: report accrued salaries and wages for HCS SL/RSS attendants, medication aides and drivers employed by the provider and for whom FICA contributions are

made. Salaries and wages include overtime, cash bonuses and cash incentives paid from which taxes are deducted. Drivers and staff members functioning in more than one capacity are not considered attendants for HCS SL/RSS attendant compensation rate enhancement purposes and their salaries and wages should **not** be included on this worksheet. See Definitions section for more information on who qualifies as an attendant.

Box AV – SL/RSS Attendant Allocated Payroll Taxes & Workers' Compensation (this amount is taken from Tab 1 [Box S*(Box A/Box N)]).

Box AW –Employee Benefits: This amount is from STAIRS Step 6c, SL/RSS Attendants , Column J. **These benefits must be direct costed.** The contracted provider's unrecovered cost of meals and room and board furnished to direct care employees, uniforms, job-related training reimbursements and job certification renewal fees are **not** to be reported as Other Employee Benefits.

Box AX – Mileage Reimbursement: This amount is from STAIRS Step 6c, SL/RSS Attendants, and Column L. Report the mileage reimbursement paid to a HCS SL/RSS attendant for use of his/her personal vehicle which is not subject to payroll taxes. The current maximum allowable mileage reimbursement is 53.5 cents per mile.

Box AY – HCS SL/RSS Attendant Contract Labor: This amount is from STAIRS Step 6c, SL/RSS Attendants, Column E plus Column I. Report the total costs for contract labor functioning as HCS SL/RSS attendants. See the Definitions section for a definition of reportable contract labor.

Box AZ – Total HCS SL/RSS Attendant Cost – sum boxes AU through AY.

Box BA – HCS SL/RSS LON1 Units of Service: report the total number of HCS SL/RSS units during the reporting period for HCS LON1 consumers receiving SL/RSS services.

Box BB – HCS SL/RSS LON5 Units of Service: report the total number of HCS SL/RSS units during the reporting period for HCS LON5 consumers receiving HCS SL/RSS services.

Box BC – HCS SL/RSS LON8 Units of Service: report the total number of HCS SL/RSS units during the reporting period for HCS LON8 consumers receiving HCS SL/RSS services.

Box BD – HCS SL/RSS LON6 Units of Service: report the total number of HCS SL/RSS units during the reporting period for HCS LON6 consumers receiving HCS SL/RSS services.

Box BE – HCS SL/RSS LON9 Units of Service: report the total number of HCS SL/RSS units during the reporting period for HCS LON9 consumers receiving HCS SL/RSS services.

Box BF – Non-Reimbursable Units of Service: report the total number of SL/RSS units during the reporting period for all other consumers of any of the contracts included under the component code for which this worksheet is being completed (e.g., private pay individuals, individuals receiving respite care and individuals with private insurance). Include here any units of service you provided for which you may never be reimbursed (i.e., non-billable units).

Box BG – Total HCS SHL/RSS Units of Service: sum boxes BA through BF.

STEP 2 – Part 8b Enter required HCS SHL/CFC and TxHmL CSS/CFC Attendant Costs and units of service during your reporting period
HCS SHL/CFC & TxHmL CSS/CFC Attendants

Box BH – HCS SHLCFC and TxHmL CSS/CFC Attendant Salaries and Wages (from Box B Tab 1): report accrued salaries and wages for HCS SHL and TxHmL CSS attendants employed by the provider and for whom FICA contributions are made. Salaries and wages include overtime, cash bonuses and cash incentives paid from which taxes are deducted. Staff members functioning in more than one capacity are not considered attendants for HCS SHL/CFC and TxHmL CSS/CFC attendant compensation rate enhancement purposes and their salaries and wages should **not** be included on this worksheet. The only exception to this rule is when staff other than attendants are required to perform attendant services that cannot be delivered by another attendant to prevent a break in service. See Definitions section for more information on who qualifies as an attendant.

Box BI – HCS SHL/CFC & TxHmL CSS/CFC Attendant Allocated Payroll Taxes & Workers' Compensation (this amount is taken from Tab 1 [Box S*((Box B+Box B1) /Box N)].

Box BJ– Employee Benefits: This amount is from STAIRS Step 6c, SHL/CFC & TxHmL CSS/CFC attendant Column J. Report any employer-paid disability insurance and retirement contributions for HCS SHL and TxHmL CSS attendants. **These benefits must be direct costed.** The contracted provider's unrecovered cost of meals and room and board furnished to direct care employees, uniforms, job-related training reimbursements and job certification renewal fees are **not** to be reported as Other Employee Benefits.

Box BK – Mileage Reimbursement: This amount is from STAIRS Step 6c , SHL/CFC & CSS/CFC Attendants , Column L. Report the mileage reimbursement paid to a HCS SHL and TxHmL CSS attendant for use of his/her personal vehicle which is not subject to payroll taxes. The current maximum allowable mileage reimbursement is 53.50 cents per mile.

Box BL – HCS SHL/CFC and TxHmL CSS/CFC Attendant Contract Labor: This amount is from STAIRS Step 6c , HCS SHL/CFC & TxHmL CSS/CFC Attendants , Column E + Column I. Report the total costs for contract labor functioning as HCS SHL/CFC and TxHmL CSS/CFC attendants. See the Definitions section for a definition of reportable contract labor.

Box BM – Total HCS SHL/CFC & TxHmL CSS/CFC Attendant Cost – sum boxes BH through BL.

HCS SHL/CFC & TxHmL CSS/CFC Medicaid Units of Service (report units of service for entire reporting period. Box BN – HCS SHL/ CFC Units of Service: report the total number of HCS SHL/CFC units during the reporting period for HCS consumers receiving HCS SHL/CFC services.

Box BO – TxHmL CSS/CFC Units of Service: report the total number of TxHmL CSS/CFC units during the reporting period for TxHmL consumers receiving TxHmL CSS/CFC services.

Box BP –Total HCS SHL/CFC and TxHmL CSS/CFC Medicaid Units of Service: sum boxes BN and BO .

STEP3– Part 8C Non DH Participants Only

Enter required HCS and TxHmL Respite attendant costs and units of service during your cost reporting period.

HCS & TXHML Respite Attendants

Box BQ – HCS Respite and TxHmL Respite Attendant Salaries and Wages: This amount is prepopulated from Tab 1 Box D. Report accrued salaries and wages for HCS and TxHmL Respite attendants employed by the provider and for whom FICA contributions are made. Salaries and wages include overtime, cash bonuses and cash incentives paid from which taxes are deducted. Staff members functioning in more than one capacity are not considered attendants for HCS and TxHmL Respite attendant compensation rate enhancement purposes and their salaries and wages should **not** be included on this worksheet. See Definitions section for more information on who qualifies as an attendant.

Box BR – HCS & TXHML Respite Attendant Allocated Payroll Taxes & Workers' Compensation - This amount is taken from Tab 1 [Box S*(Box D/Box N)].

Box BS –Employee Benefits: This amount is from STAIRS Step 6c Respite attendants, Column J. Report any employer-paid disability insurance and retirement contributions for HCS and TxHmL Respite attendants. **These benefits must be direct costed.** The contracted provider's unrecovered cost of meals and room and board furnished to direct care employees, uniforms, job-related training reimbursements and job certification renewal fees are **not** to be reported as Other Employee Benefits.

Box BT – Mileage Reimbursement: This amount is from STAIRS Step 6c, Respite Attendants , Column L. Report the mileage reimbursement paid to a HCS and TxHmL Respite attendant for use of his/her personal vehicle which is not subject to payroll taxes. The current maximum allowable mileage reimbursement is 53.50 cents per mile.

Box BU – HCS and TxHmL Respite Attendant Contract Labor: This amount is from STAIRS Step 6c Respite Attendants Column E + Column I. Report the total costs for contract labor functioning as HCS and TxHmL Respite attendants. See the Definitions section for a definition of reportable contract labor.

Box BV – Total HCS and TxHmL Respite Attendant Cost – sum boxes BQ through BU.

HCS & TXHML Respite Medicaid Units of Service (report units of service for entire reporting period).

Box BW – HCS Respite Units of Service: report the total number of HCS Respite units during the reporting period for HCS consumers receiving HCS Respite services.

Box BX – TxHmL Respite Units of Service: report the total number of TxHmL Respite units during the reporting period for TxHmL consumers receiving TxHmL Respite services.

Box BY –Total HCS and TxHmL Respite Units of Service: sum of boxes BW through BX.

STEP 4 – Part 8d Non DH Participants Only

Enter HCS and TxHmL SE and EA attendant costs and units of service during your cost reporting period.

HCS & TXHML SE & EA Attendants

Box BZ – HCS and TxHmL SE and EA Attendant Salaries and Wages: This amount is from Tab 1 Box E + Box F. Report accrued salaries and wages for HCS and TxHmL SE and EA attendants employed by the provider and for whom FICA contributions are made. Salaries and wages include overtime, cash bonuses and cash incentives paid from which taxes are deducted. Staff members functioning in more than one capacity are not considered attendants for HCS and TxHmL SE and EA attendant compensation rate enhancement purposes and their salaries and wages should **not** be included on this worksheet. See Definitions section for more information on who qualifies as an attendant.

Box CA –HCS & TXHML SE and EA Attendant Allocated Payroll Taxes & Workers' Compensation - This amount is taken from Tab 1 [Box S*((Box E + Box F)/Box N)].

Box CB - Employee Benefits: This amount is taken from STAIRS Step 6c, HCS & TXHML SE and EA Attendants Column J. Report any employer-paid disability insurance and retirement contributions for HCS and TxHmL SE and EA attendants. **These benefits must be direct costed.** The contracted provider's unrecovered cost of meals and room and board furnished to direct care employees, uniforms, job-related training reimbursements and job certification renewal fees are **not** to be reported as Other Employee Benefits.

Box CC – Mileage Reimbursement: This amount is taken from STAIRS Step 6c, HCS & TXHML SE and EA Attendants, Column L. Report the mileage reimbursement paid to a HCS and TxHmL SE and EA attendant for use of his/her personal vehicle which is not subject to payroll taxes. The current maximum allowable mileage reimbursement is 53.50cents per mile.

Box CD – HCS and TxHmL SE and EA Attendant Contract Labor: This amount is taken from STAIRS 6c HCS & TXHML SE and EA Attendants, Column E + Column I. Report the total costs for contract labor functioning as HCS and TxHmL SE and EA attendants. See the Definitions section for a definition of reportable contract labor.

Box CE – Total HCS and TxHmL SE and EA Attendant Cost – sum boxes BZ through CD.

HCS & TXHML SE & EA Medicaid Units of Service (report units of service for entire reporting period).

Box CF – HCS SE Units of Service: report the total number of HCS SE units during the reporting period for HCS consumers receiving HCS SE services.

Box CG – HCS EA Units of Service: report the total number of HCS EA units during the reporting period for HCS consumers receiving HCS EA services.

Box CH– TxHmL SE Units of Service: report the total number of TxHmL SE units during the reporting period for TxHmL consumers receiving TxHmL SE services.

Box CI – TxHmL EA Units of Service: report the total number of TxHmL EA units during the reporting period for TxHmL consumers receiving TxHmL EA services.

Box CJ –Total HCS and TxHmL SE and EA Units of Service: sum boxes CF through CI.

STEP 5 – Part 9 Non DH Participants only. Calculate average non-day habilitation Medicaid attendant cost per unit of service during your selected reporting period.

- 5a. Divide total HCS SL/RSS attendant costs from Box AZ by total HCS SL/RSS units of service from Box BG. Enter the result in Box CK. This is your estimated HCS SL/RSS attendant cost per unit of service during the reporting period. Multiply the value in Box CK by the HCS SL/RSS Medicaid Units of Service which are equal to Box BG minus Box BF. Enter the result in Box CL. Box CL represents the estimated HCS SL/RSS Total Medicaid Attendant Cost.
- 5b. Divide total HCS SHL and TxHmL CSS attendant costs from Box BM by total HCS SHL and TxHmL CSS units of service from Box BP. Enter the result in Box CQ. This is your estimated HCS SHL and TxHmL CSS attendant cost per unit of service during the reporting period. Multiply the value in Box CQ by the HCS SHL and TxHmL CSS Medicaid Units of Service from Box BP. Enter the result in Box CM. Box CM represents the estimated HCS SHL and TxHmL CSS Total Medicaid Attendant Cost.
- 5c. Divide total HCS and TxHmL Respite attendant costs from Box BV by total HCS and TxHmL Respite units of service from Box BY. Enter the result in Box BY. This is your estimated HCS and TxHmL Respite attendant cost per unit of service during the reporting period. Multiply the value in Box CR by the HCS and TxHmL Respite Medicaid Units of Service from Box BY. Enter the result in Box CN. Box CN represents the estimated HCS and TxHmL Respite Total Medicaid Attendant Cost.
- 5d. Divide total HCS and TxHmL SE and EA attendant costs from Box CE by total HCS and TxHmL SE and EA units of service from Box CJ. Enter the result in Box CS. This is your estimated HCS and TxHmL SE and EA attendant cost per unit of service during the reporting period. Multiply the value in Box CS by the HCS and TxHmL SE and EA Medicaid Units of Service from Box CJ. Enter the result in Box CO. Box CO represents the estimated HCS and TxHmL SE and EA Total Medicaid Attendant Cost.
- 5e. Sum Boxes CL, CM, CN and CO. Enter the sum in Box CP. This is your estimated Total Non-Day Habilitation Medicaid Attendant Cost.

STEP 6 PART 10 - Non DH Participants Only - Enter your selected reporting period
Reporting Period - Beginning Date
Reporting Period - Ending Date

NOTE: All monetary calculations in Steps 5a – 5E should be carried out to **two decimal places**. If you complete the spreadsheets on your computer rather than on printed sheets, many of these calculations will occur automatically after you enter values in Steps 3-4.

For Steps 7, refer to the HCS and TxHmL Non-Day Habilitation Attendant Compensation Payment Rate Component rates included on the last page of Worksheet B to obtain the non-day habilitation attendant rates for each level of participation in the Attendant Compensation Rate Enhancement.

STEP 7– PART 11- NonDH Participants Only (see PART 10 for directions as to which pages to complete) Calculate what the total estimated non-day habilitation Medicaid attendant revenue for your component code would be if your component code participated at Level 1 for its non-day habilitation services during its selected reporting period.

- 7a. For each program, service and LON, enter in Column A the Medicaid units of service provided during your selected reporting period as reported in Steps 3 – 4 of Worksheet B. Do not include “Private and Other” units of service.
- 7b. For each program, service and LON, multiply the units of service from Column A by the associated non-day habilitation Medicaid attendant rate component for Level 1 from Column B. Enter the products in Column C.
- 7c. Sum the contents of Column C. Enter the result in Box CU. Box CU is an estimate of the total Medicaid non-day habilitation attendant revenue at Level 1 for this component code. Note that this estimate is based on the distribution of the component code’s units of service by program, service and LON as captured by the worksheet. If the distribution changes, the Medicaid non-day habilitation attendant revenue at Level 1 (Box CT) will change as well.

STEP 8 – PART 12 NonDH Participants Only -Calculate what the total estimated non-day habilitation Medicaid attendant revenue for your component code would be if your component code participated at Level 25 for its non-day habilitation services during its selected reporting period.

- 8a. For each program, service and LON, enter in Column A the Medicaid units of service provided during your selected reporting period as reported in Steps 3 – 4 of Worksheet B. Do not include “Private and Other” units of service.
- 8b. For each program, service and LON, multiply the units of service from Column A by the associated non-day habilitation Medicaid attendant rate component for Level 1 from Column B. Enter the products in Column C.
- 8c. Sum the contents of Column C. Enter the result in Box CW. Box CW is an estimate of the total Medicaid non-day habilitation attendant revenue at Level 25 (Box CV) for this component code. Note that this estimate is based on the distribution of the component code’s units of service by program, service and LON as captured by the worksheet. If the distribution changes, the Medicaid non-day habilitation attendant revenue at Level 25 will change as well.

STEP 9 – PART 13 NonDH Participants Only - Calculate what the total estimated non-day habilitation Medicaid attendant revenue for your component code would be if your component code participated at a level of your choice for its non-day habilitation services during its selected reporting period.

- 9a. For each program, service and LON, enter in Column A the Medicaid units of service provided during your selected reporting period as reported in Steps 3 – 4 of Worksheet B. Do not include “Private and Other” units of service.

- 9b. For each program, service and LON, enter in Column B the Non-Day Habilitation Attendant Compensation Payment Rate Component rate that is associated with the chosen Participant Level from the last page of your worksheet. For example, if you chose a Participant Level 5 (Box CV), for HCS SHL, you would enter \$16.54 in Column B.
- 9c. For each program, service and LON, multiply the units of service from Column A by the associated non-day habilitation attendant rate component for your selected level from Column B. Enter the products in Column C.
- 9d. Sum the contents of Column C. Enter the result in Box CW. Box CW is an estimate of the total Medicaid non-day habilitation attendant revenue for your selected level for this component code. Note that this estimate is based on the distribution of the component code's units of service by program, service and LON as captured by the worksheet. If the distribution changes, the Medicaid non-day habilitation attendant revenue at your chosen level will change as well.

Note:

Step 10 PART 13 NonDH Participants only (See Part 10 for directions as to which pages to complete). Determine your total Medicaid non-day habilitation attendant revenue and non-day habilitation attendant spending requirement if your component code participated at Level 1 (Box CX).

Step 11 PART 14 NonDH Participants only - Non- Day Hab attendant rate and spending requirement for participating at level 0

- 10a. Enter in Column A, your estimated total Medicaid non-day habilitation attendant revenue at Level 1 from Box CU + CW + CY, Step 7.
- 10b. Multiply Column A by 0.90 and enter the result in Column B.
- 10c. Subtract Column B from Column C and enter the result in Column D.
- 10d. Enter in Column D, your Estimated Recoupment.
- 10f. Use the following information to interpret the results of Step 7.

Column A shows the estimated total Medicaid non-day habilitation attendant revenue your component code would receive if it participated at Level 1 and maintained the mix of units of service by program.

Column B shows the non-day habilitation attendant compensation spending requirement that your component code would be subject to if it participated in the Attendant Compensation Rate Enhancement at a Level 1 for non-day habilitation services and maintained the mix of units of service by program.

Column C shows your component code's current spending on non-day habilitation attendant compensation.

Column D shows how much your component code estimated recoupment on non-day habilitation attendant compensation.

NOTE: List various aspects of your business situation to consider before making your participation decision. The list is not all-inclusive and there may be other facts to consider in deciding whether or not to participate with the Rate Enhancement Level